

Start. Grow. Succeed!



**Contra Costa
Small Business
Development Center**

New Venture *Training*

For the Serious Beginning and Emerging Business Owner
Classes held at the Brentwood Tech Center

Starting January 5, 2008 for orientation – classes January 8th to March 27th

Apply Now!

***Scholarships available for Brentwood business owners and residents!**

For people serious about starting or expanding a *profitable* business, *New Venture Training* is an intensive 12-week business management program that focuses on developing your business plan while providing the business education that goes into the plan. Classes are hands-on with an application-type of teaching that includes presentations from a professional trainer, videos, guest speakers, group discussions, individual and group work sessions and one-to-one consulting.

The goals of the *New Venture Training* Program are to:

- Provide you with business education as it applies to your small businesses.
- Assist you in developing your business plan.
- Introduce you to additional business resources.
- Provide networking opportunities.
- Promote using the business round-table discussion group.
- Facilitate the start or expansion of your *profitable* business.

You will learn:

- Goal setting techniques
- Time management skills
- Strategically planning for your business
- About finding financing for your business
- Pricing your products and services
- Managing and operating your business
- Effective marketing strategies
- How to develop your mission statement
- How to estimate your sales forecast
- Financial management skills for your business
- How to research your industry, target market, trade area and competition
- **How to grow a profitable business!**

Call (925) 646-5377

Scholarships* do not include a \$190 Non-Refundable Fee for Registration and Training Materials.

For Web-based resource information to help your business grow check out: www.ContraCostaSBDC.com

Sponsors include:



Workforce
Development Board
Contra Costa County



Brentwood



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info@ContraCostaSBDC.com • www.ContraCostaSBDC.com
Professional Consulting • Practical Training • Premier Business Information
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Contra Costa Small Business Development Center

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925-646-5377 Phone, 925-646-5299 Fax

E-mail to: SBDC@ContraCostaSBDC.com
Website: www.ContraCostaSBDC.com

REQUEST FOR SERVICES

Please complete both sides. Check only **ONE** response per question.
Shaded areas are for SBDC use only.

Client ID

Business Name _____

First Name _____ MI _____ Last Name _____

Website _____ E-mail _____

Business # () _____ Home# () _____

Cell Phone # () _____ Fax # () _____

Home Address _____

City _____ Zip Code _____ County _____

Business Address _____

City _____ Zip Code _____ County _____

Business Type (Check One)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Accommodation/ Food Service | <input type="checkbox"/> Financing | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation/ Warehousing |
| <input type="checkbox"/> Administrative/Support | <input type="checkbox"/> Health Care | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Information | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> Arts & Entertainment | <input type="checkbox"/> Management | <input type="checkbox"/> Retail Dealer | <input type="checkbox"/> Wholesale Dealer |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturer or Producer | <input type="checkbox"/> Service | |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Mining | <input type="checkbox"/> Surplus Dealer | |
| | <input type="checkbox"/> Professional/Technical | | |

Description of Product or Service _____

Organization Type

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Corporation Limited Liability Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sub S Corporation | <input type="checkbox"/> Non-Profit Organization | Partner's Name (s) _____ |

Are you the business Owner?

☐ Yes ☐ No

Is this a home based business?

☐ Yes ☐ No

Is the Business Owner Disabled:

☐ Yes ☐ No

Do you conduct business online?

☐ Yes ☐ No

International Trade

☐ Yes ☐ No

Interested in International Trade?

☐ Yes ☐ No

Business Category (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Woman-Owned Small Business | <input type="checkbox"/> Other Small Business | <input type="checkbox"/> Certified SDB or SBA 8(a) Small Business |
| <input type="checkbox"/> Minority-Owned Small Business | <input type="checkbox"/> Large | <input type="checkbox"/> Disadvantaged Small Business |

Business Status

Date Business Established (M/D/Y) _____

Business Owner working: Full _____ or Part _____

Gross Revenues/Sales\$ _____

+Profits/-Losses\$ _____

☐ Pre-venture/Nascent (not in business)

☐ Start-up (in Business less than 1 year)

☐ In Business (In Business More than 1 year)

Number of Full-Time Employees _____

Number of Part-Time Employees _____

REQUEST FOR SERVICES

Ethnic Background <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other (be specific) _____ <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Hispanic (you must also check one of the other ethnic categories if you select this one) <input type="checkbox"/> Black or African American		
SBA Client Type <input type="checkbox"/> None <input type="checkbox"/> Applicant <input type="checkbox"/> 8(a) Client & Borrower <input type="checkbox"/> Technical Assistance <input type="checkbox"/> COC <input type="checkbox"/> 8(a) client <input type="checkbox"/> 8(a) Client & Surety Bond <input type="checkbox"/> Borrower <input type="checkbox"/> Surety Bond <input type="checkbox"/> Procurement Assistance		
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Non-Veteran		
Reservist Status: <input type="checkbox"/> National Guard <input type="checkbox"/> Reservist <input type="checkbox"/> None <input type="checkbox"/> National Guard – Active Duty <input type="checkbox"/> Reservist – Active Duty		
Gender of Business Owner(s) <input type="checkbox"/> Female (>50% woman-owned) <input type="checkbox"/> Female/ Male <input type="checkbox"/> Male	Gender of Requester (Individual with name on the Request for Service) <input type="checkbox"/> Female <input type="checkbox"/> Male	
Referral From: (How did you find out about the SBDC): <input type="checkbox"/> Advertising/Marketing <input type="checkbox"/> College/University <input type="checkbox"/> Newspaper <input type="checkbox"/> Training Seminar <input type="checkbox"/> Bank <input type="checkbox"/> East Bay Works <input type="checkbox"/> PTA Program <input type="checkbox"/> Vocational Rehab <input type="checkbox"/> Book <input type="checkbox"/> Internet <input type="checkbox"/> RREDC <input type="checkbox"/> Walking By <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Local EDC <input type="checkbox"/> SBA Network Program <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Client/Word of Mouth <input type="checkbox"/> Media – TV, Radio <input type="checkbox"/> SBDC <input type="checkbox"/> Other _____		
Area of counseling requested (Choose primary category) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Business Accounting/ Budget <input type="checkbox"/> International Trade </div> <div style="width: 33%;"> <input type="checkbox"/> Human Resources/ Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc) <input type="checkbox"/> Franchising </div> <div style="width: 33%;"> <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) </div> </div>		

S.I.C. Code _____	Assembly _____	Senate _____
Counselor _____		Term of Client: <input type="checkbox"/> Short <input type="checkbox"/> Long

I request business counseling from the Small Business Administration (SBA)/Small Business Development Center (SBDC). I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA/SBDC services. I permit SBA/SBDC the use of my name and address for SBA/SBDC survey and information mailings regarding SBA/SBDC products and services (Yes ☐ No ☐). I understand that any information disclosed will be held in strict confidence. (SBA/SBDC will not provide your personal information to commercial entities.) I authorize SBA/SBDC to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA, SBDC, SCORE personnel, that of its Resource Partners and host organizations, SBI and any other counselors arising from this assistance.

Signature of Requester

Date

REQUEST FOR SERVICES

CLIENT INFORMATION RELEASE FORM

I hereby agree to your request for release of information regarding the general nature of my business venture and the services provided to me by a representative of the Contra Costa Small Business Development Center (SBDC).

I acknowledge that the use of all or any part of the information pertaining to the above will be at the discretion of the California Small Business Development Center Program for use in public display and it is in no way intended to harm those parties involved.

I understand that I shall receive NO compensation in exchange for this release and that the recipient of this release will have the right to publish my name and any description of said venture,

INITIALS _____

☐ YES ☐ NO

photographs pertaining to said venture,

INITIALS _____

☐ YES ☐ NO

in ways to publicize my venture, the Contra Costa SBDC and/or the California Small Business Development Center Program.

I agree to hold you and any third parties harmless against any liability, loss, or damage caused by or arising from the use of any and all information regarding my firm and of any utterance made by me or material furnished by me in connection with my participation herein.

I agree or disagree as noted above:

Signature

Date